

**DO NOT SIGN BY NOON CST**

Email: timecards@unitimed.com & cc: your Recruiter

EMPLOYEE NAME: TERRY GARDNER  
FACILITY NAME: MERCY IOWA CITY HOSPITAL  
RECRUITER NAME: SARAH Richardson  
WEEK OF: 08/06/23 - 08/12/23

**INSTRUCTIONS/GUIDELINES:**

1. Please list ALL in/out times and lunch minutes, not just total hours worked.
2. Please note exceptions in comments.
3. Time is calculated by in/out times. Round to nearest 15 min.
4. Undocumented lunch breaks will be deducted @ 1/2 hour per day unless noted (no lunch).
5. Time sheets **NEED** to be signed by employee **AND** an authorized manager at the facility in order to be paid.
6. Explain any time missed.

uniti  
med partners

**REGULAR HOURS** \*Please complete ALL in/out times and TOTAL.

DAY	DATE (MM/DD/YY)	TIME - IN	Lunch-OUT	Lunch - IN	NO Lunch	TIME - OUT	TOTAL HOURS	Reason for Short Hours: CHECK ONE	Comments:
SUN	08/06/23	07:00			Check if NO Lunch <input checked="" type="checkbox"/>	19:00	12:00	<input type="checkbox"/> Cancelled <input type="checkbox"/> Sick <input type="checkbox"/> Volunteered to Leave <input type="checkbox"/> Personal	
MON	08/07/23	09:00	14:30	15:00	Check if NO Lunch <input type="checkbox"/>	21:33	12:00	<input type="checkbox"/> Cancelled <input type="checkbox"/> Sick <input type="checkbox"/> Volunteered to Leave <input type="checkbox"/> Personal	
TUE					Check if NO Lunch <input type="checkbox"/>			<input type="checkbox"/> Cancelled <input type="checkbox"/> Sick <input type="checkbox"/> Volunteered to Leave <input type="checkbox"/> Personal	
WED					Check if NO Lunch <input type="checkbox"/>			<input type="checkbox"/> Cancelled <input type="checkbox"/> Sick <input type="checkbox"/> Volunteered to Leave <input type="checkbox"/> Personal	
THUR					Check if NO Lunch <input type="checkbox"/>			<input type="checkbox"/> Cancelled <input type="checkbox"/> Sick <input type="checkbox"/> Volunteered to Leave <input type="checkbox"/> Personal	
FRI					Check if NO Lunch <input type="checkbox"/>			<input type="checkbox"/> Cancelled <input type="checkbox"/> Sick <input type="checkbox"/> Volunteered to Leave <input type="checkbox"/> Personal	
SAT	08/12/23	10:00			Check if NO Lunch <input checked="" type="checkbox"/>	10:23	12:50	<input type="checkbox"/> Cancelled <input type="checkbox"/> Sick <input type="checkbox"/> Volunteered to Leave <input type="checkbox"/> Personal	

EXPLAIN IF GUARANTEED HOURS ARE NOT MET:

TOTAL HOURS FOR WEEK: 36:50

**CALL HOURS: On-Call**

DAY	DATE (MM/DD/YY)	TIME - IN	TIME - OUT	ON-CALL HOURS
SUN				
MON				
TUE				
WED				
THUR				
FRI				
SAT				

TOTAL ON-CALL HOURS:

**Call-Back** (Can ONLY be called back if on-call) \*Otherwise extra shift

DAY	DATE (MM/DD/YY)	TIME - IN	TIME - OUT	CALL-BACK HOURS	Call-Back Reason:
SUN					
MON					
TUE					
WED					
THUR					
FRI					
SAT					

TOTAL CALL-BACK HOURS:

**MILEAGE:**

DAY	DATE (MM/DD/YY)	MILEAGE
SUN		
MON		
TUE		
WED		
THUR		
FRI		
SAT		

TOTAL MILEAGE:

Employee Signature: Terry Gardner

Date: 08/13/23

Authorized Facility Signature: Bula

Date: 8/14/23

I, my signature above, hereby certify the hours above are correct and worked by me and I have no accidents or times to report. Misrepresentation may make myself liable to the maximum penalty allowed by law.

By my signature above, I hereby certify the hours above are correct and approved for billing and will pay according to the hours listed above. Any discrepancies are listed above. Failure to comply may make the client facility liable to the maximum penalty allowed by law.

**EXHIBIT A**



\*\*\*ATTENTION TRAVELERS\*\*\*

Timecards without employee & supervisor signatures will not be accepted. - All timecards must be faxed to agencies by Monday, 4:00pm CST.

Employee Name: Christina Bremer  
Week Ending: 08/05/2023  
Agency Name: Unifone

END

Regular Hours	Dept/Unit	Day	Date	Time In	Time Out	Break	Time In	Time Out	Hours	Comments
				AM PM	AM PM		AM PM	AM PM		
		Sun	7/31	DAY OFF						DAY OFF
		Mon	08/01	07:00	AM PM		AM PM	AM PM		FILE V/D (called in) + 1 hr. Nine
		Tues	08/02	07:00	AM PM		AM PM	AM PM		8:25 No lunch (1 hr. leave)
		Wed	08/03	07:00	AM PM		AM PM	AM PM		10:15 No lunch
		Thurs	08/03	07:00	AM PM		AM PM	AM PM		
		Fri	08/04	07:00	AM PM		AM PM	AM PM		
		Sat		AM PM	AM PM		AM PM	AM PM		

Call Hours	Dept/Unit	Day	Date	On Call Time In	On Call Time Out	OC Total	Call Back Time In	Call Back Time Out	CB Total	Call Back Reason
				AM PM	AM PM		AM PM	AM PM		
		Sun	7/30	07:00	AM PM	2:00	AM PM	AM PM		
		Mon	7/31	11:30	AM PM	13.5	AM PM	AM PM		
		Tues		AM PM	AM PM		AM PM	AM PM		
		Wed		AM PM	AM PM		AM PM	AM PM		
		Thurs	8/03	14:30	AM PM	17:35	AM PM	17:35	2 hr.	
		Fri		AM PM	AM PM		AM PM	AM PM		
		Sat		AM PM	AM PM		AM PM	AM PM		

Employee Signature: C Bremer Date: 08/04/2023

Manager Signature: Marcia Kirkpatrick CDC Date: 8-4-2023

**ATTENTION VENDORS:** All timecards are due to Medefis by midnight each Tuesday. Timecards must be e-mailed to [timecards@medefis.com](mailto:timecards@medefis.com) or faxed to 888-401-6060. Mercy Hospital, IC pays for services rendered by your Staff based upon the actual hours worked by your Staff and not your invoice. In the event that your Staff was directed by Mercy Hospital, IC to work fewer hours than guaranteed (if any guarantee), your Staff must identify that fact in the comments of this timecard and have the manager acknowledge the same in writing. Failure to do so will result in a forfeiture of those hours. Timecards that are not compliant (eg: missing Staff and/or manager's signatures; incomplete in/out times; incomplete or incorrectly totaled hours; illegible building names and/or missing dates) will be **REJECTED**. It is the Agency's responsibility to correct and resubmit its Staff's timecard for processing. It is also the Agency's responsibility to track their Staff's hours worked, which are reported each week in the Medefis system. In the event that there is a discrepancy in the weekly hours recorded by Medefis, the Agency **MUST IMMEDIATELY NOTIFY MEDEFIS IN WRITING** to avoid delay or refusal by Mercy Hospital, IC to pay for services rendered. Furthermore, Medefis is NOT responsible for timecards that have not been received/processed or for hours worked that have not been reported through the Medefis system. **Time recording / Breaks** recorded as 24 minutes, it is rounded to .5 hours.) Unless otherwise agreed to in writing, your Staff is expected to be present in the Mercy Hospital, IC location for an 8.5 hour day, less a 30 minute unpaid meal break, or any other breaks as required by law. The Mercy Hospital, IC Program Manager must approve any overtime by initialing the overtime hours listed on this timecard. If you have any questions on this process, please contact Medefis at 866-711-6333.



# TIMESHEET - DUE SUNDAY BY NOON CST

Email: [timecards@united.com](mailto:timecards@united.com) & cc: your Recruiter

## INSTRUCTIONS/GUIDELINES:

1. Please list ALL in/out times and lunch minutes, not just total hours worked.
2. Please note exceptions in comments.
3. Time is calculated by in/out times. Round to nearest 15 min.
4. Undocumented lunch breaks will be deducted @ 1/2 hour per day unless noted (no lunch).
5. Timesheets NEED to be signed by employee AND an authorized manager at the facility in order to be paid.
6. Explain any time missed.

uniti  
medpartners

EMPLOYEE NAME: TERRY GARDNER  
FACILITY NAME: MERCY IOWA CITY HOSPITAL  
RECRUITER NAME: SARAH RICHARDSON  
WEEK OF: 07/30/23 - 08/05/23

## REGULAR HOURS \*Please complete ALL in/out times and TOTAL.

DAY	DATE (MM/DD/YY)	TIME - IN	Lunch - OUT	Lunch - IN	NO Lunch	TIME - OUT	TOTAL HOURS	Reason for Short Hours: CHECK ONE	Comments:
SUN	07/30/23	07:00			<input checked="" type="checkbox"/>	19:00	12:00	<input type="checkbox"/> Cancelled <input type="checkbox"/> Sick	
MON	07/31/23	09:00	14:30	15:00	<input type="checkbox"/>	21:42	12:15	<input type="checkbox"/> Volunteered to Leave <input type="checkbox"/> Personal	
TUE					<input type="checkbox"/>			<input type="checkbox"/> Cancelled <input type="checkbox"/> Sick	
WED					<input type="checkbox"/>			<input type="checkbox"/> Volunteered to Leave <input type="checkbox"/> Personal	
THUR					<input type="checkbox"/>			<input type="checkbox"/> Cancelled <input type="checkbox"/> Sick	
FRI	08/04/23	19:00			<input checked="" type="checkbox"/>			<input type="checkbox"/> Volunteered to Leave <input type="checkbox"/> Personal	
SAT	08/05/23				<input checked="" type="checkbox"/>	07:32	12:50	<input type="checkbox"/> Cancelled <input type="checkbox"/> Sick	
					<input type="checkbox"/>			<input type="checkbox"/> Volunteered to Leave <input type="checkbox"/> Personal	

EXPLAIN IF GUARANTEED HOURS ARE NOT MET:

TOTAL HOURS FOR WEEK: 36.65

## CALL HOURS: On-Call

DAY	DATE (MM/DD/YY)	TIME - IN	TIME - OUT	ON-CALL HOURS
SUN				
MON				
TUE				
WED				
THUR				
FRI				
SAT				

## Call-Back (Can ONLY be called back if on-call \*Otherwise extra shift)

TIME - IN	TIME - OUT	CALL-BACK HOURS	Call-Back Reason:

## MILEAGE:

DAY	DATE (MM/DD/YY)	MILEAGE
SUN		
MON		
TUE		
WED		
THUR		
FRI		
SAT		

EXHIBIT A - Timecard Page 3 of 11

C929 S3-00E53 Doc 1818-T Filed 07/15/23 Entered 07/15/23 14:15:04 Desc

Employee Signature: Terry Gardner

Date: 08/06/23

Authorized Facility Signature: Brenda Elby

Date: 8/7/23

By my signature above, I hereby certify the hours above are correct and worked by me and I have no accidents or injuries to report. Misrepresentation may make me liable to the maximum penalty allowed by law.

By my signature above, I hereby certify the hours above are correct and approved for billing and will pay according to the hours listed above. Any discrepancies are listed above. Failure to comply may make the client facility liable to the maximum penalty allowed by law.



# MERCY IOWA CITY

\*\*\*ATTENTION TRAVELERS\*\*\*

Timecards without employee & supervisor signatures will not be accepted. - All timecards must be faxed to agencies by Monday, 4:00pm CST.

Employee Name: Christina Bremer  
Week Ending: 7/29/23  
Agency Name: Unit 11 med

7/27  
LW  
me 100%

Dept/Unit	Day	Date	Time In	Time Out	Break	Time In	Time Out	Hours	Comments
	Sun		AM PM	AM PM		AM PM	AM PM		
	Mon	7/24	06:06	12:42	0	AM PM	AM PM		no lunch
	Tues	7/25	off	AM PM		AM PM	AM PM		
	Wed	7/26	06:01	15:01	0	AM PM	AM PM		no lunch but 1/2 day
	Thurs	7/27	06:01	15:54	0	AM PM	AM PM		
	Fri	7/28	06:04	16:30	0	AM PM	AM PM		
	Sat		AM PM	AM PM		AM PM	AM PM		

Dept/Unit	Day	Date	On Call Time In	On Call Time Out	OC Total	Call Back Time In	Call Back Time Out	CB Total	Call Back Reason
	Sun	7/23	07:00	15:00	8	AM PM	AM PM		
	Mon		AM PM	AM PM		AM PM	AM PM		
	Tues		AM PM	AM PM		AM PM	AM PM		
	Wed	7/26	16:30	06:00	13.5	AM PM	AM PM		
	Thurs	7/27	16:30	06:00	13.5	AM PM	AM PM		
	Fri	7/28	16:31	07:00	4.5	16:31	17:04	35 min	
	Sat		AM PM	AM PM		AM PM	AM PM		

Employee Signature: [Signature] Date: 7/28/2023  
Manager Signature: Marcia Kirkpatrick Date: 7-28-2023

**ATTENTION VENDORS:** All timecards are due to Medefis by midnight each Tuesday. Timecards must be e-mailed to [timecards@medefis.com](mailto:timecards@medefis.com) or faxed to 888-401-6060. Mercy Hospital, IC pays for services rendered by your Staff based upon the actual hours worked by your Staff and not your invoice. In the event that your Staff was directed by Mercy Hospital, IC to work fewer hours than guaranteed (if any guarantee), your Staff must identify that fact in the comments of this timecard and have the manager acknowledge the same in writing. Failure to do so will result in a forfeiture of those hours. Timecards that are not compliant (eg: missing Staff and/or manager's signatures; incomplete in/out times; incomplete or incorrectly totaled hours; illegible building names and/or missing dates) will be REJECTED. It is the Agency's responsibility to correct and resubmit its Staff's timecard for processing. It is also the Agency's responsibility to ensure that all hours worked are reported each week in the Medefis system. In the event that there is a discrepancy in the weekly hours recorded by Medefis, the Agency MUST IMMEDIATELY NOTIFY Medefis of the discrepancy in writing. (For example, 6:07 is recorded as 6:00 and 6:08 is recorded as 6:15. If a break is recorded by Medefis, the Agency MUST IMMEDIATELY NOTIFY Medefis of the discrepancy in writing. your Staff is expected to be present in the Mercy Hospital, IC location for an 8.5 hour day, less a 30 minute unpaid meal break, or any other breaks as required by law. The Mercy Hospital, IC Program Manager must approve any overtime by initialing the overtime hours listed on this timecard. If you have any questions on this process, please contact Medefis at 866-711-6333.

C926 53-00953



# TIMESHEET - DUE SUNDAY BY NOON CST

Email: [timecards@unitimed.com](mailto:timecards@unitimed.com) & cc: your Recruiter

## INSTRUCTIONS/GUIDELINES:

1. Please list ALL in/out times and lunch minutes, not just total hours worked.
2. Please note exceptions in comments.
3. Time is calculated by in/out times. Round to nearest 15 min.
4. Undocumented lunch breaks will be deducted @ 1/2 hour per day unless noted (no lunch).
5. Timesheets NEED to be signed by employee AND an authorized manager at the facility in order to be paid.
6. Explain any time missed.

uniti  
med partners

EMPLOYEE NAME: TERRY GARDNER  
FACILITY NAME: MERCY IOWA City Hospital  
RECRUITER NAME: SARAH RICHARDSON  
WEEK OF: 07/23/23 - 07/29/23

## REGULAR HOURS \*Please complete ALL in/out times and TOTAL.

DAY	DATE (MM/DD/YY)	TIME-IN	Lunch-OUT	Lunch-IN	NO Lunch	TIME-OUT	TOTAL HOURS	Reason for Short Hours: CHECK ONE	Comments:
SUN	07/23/23	07:00			Check if NO Lunch <input checked="" type="checkbox"/>	19:00	12:00	Cancelled <input type="checkbox"/> Sick <input type="checkbox"/> Volunteered to Leave <input type="checkbox"/> Personal <input type="checkbox"/>	
MON	07/24/23	09:07	14:30	15:00	Check if NO Lunch <input type="checkbox"/>	21:58	12:50	Cancelled <input type="checkbox"/> Sick <input type="checkbox"/> Volunteered to Leave <input type="checkbox"/> Personal <input type="checkbox"/>	
TUE					Check if NO Lunch <input type="checkbox"/>			Cancelled <input type="checkbox"/> Sick <input type="checkbox"/> Volunteered to Leave <input type="checkbox"/> Personal <input type="checkbox"/>	
WED					Check if NO Lunch <input type="checkbox"/>			Cancelled <input type="checkbox"/> Sick <input type="checkbox"/> Volunteered to Leave <input type="checkbox"/> Personal <input type="checkbox"/>	
THUR					Check if NO Lunch <input type="checkbox"/>			Cancelled <input type="checkbox"/> Sick <input type="checkbox"/> Volunteered to Leave <input type="checkbox"/> Personal <input type="checkbox"/>	
FRI					Check if NO Lunch <input type="checkbox"/>			Cancelled <input type="checkbox"/> Sick <input type="checkbox"/> Volunteered to Leave <input type="checkbox"/> Personal <input type="checkbox"/>	
SAT	07/29/23	07:00			Check if NO Lunch <input checked="" type="checkbox"/>	19:00	12:00	Cancelled <input type="checkbox"/> Sick <input type="checkbox"/> Volunteered to Leave <input type="checkbox"/> Personal <input type="checkbox"/>	

EXPLAIN IF GUARANTEED HOURS ARE NOT MET:

TOTAL HOURS FOR WEEK: 36:50

## CALL HOURS: On-Call

DAY	DATE (MM/DD/YY)	TIME-IN	TIME-OUT	ON-CALL HOURS
SUN				
MON				
TUE				
WED				
THUR				
FRI				
SAT				

TOTAL ON-CALL HOURS:

## Call-Back (Can ONLY be called back if on-call \*Otherwise extra shift)

DAY	DATE (MM/DD/YY)	TIME-IN	TIME-OUT	CALL-BACK HOURS	Call-Back Reason:
SUN					
MON					
TUE					
WED					
THUR					
FRI					
SAT					

TOTAL CALL-BACK HOURS:

## MILEAGE:

DAY	DATE (MM/DD/YY)	MILEAGE
SUN		
MON		
TUE		
WED		
THUR		
FRI		
SAT		

TOTAL MILEAGE:

Employee Signature: Terry Gardner

Date: 07/31/23

Authorized Facility Signature: Brenda Elway

Date: 7/31/23

By my signature above, I hereby certify the hours above are correct and worked by me and I have no accidents or injuries to report. Misrepresentation may make myself liable to the maximum penalty allowed by law.

By my signature above, I hereby certify the hours above are correct and approved for billing and will pay according to the hours listed above. Any discrepancies are listed above. Failure to comply may make the client facility liable to the maximum penalty allowed by law.



**MERCY**  
IOWA CITY

\*\*\*ATTENTION TRAVELERS\*\*\*

Timecards without employee & supervisor signatures will not be accepted. - All timecards must be faxed to agencies by Monday, 4:00pm CST.

Employee Name: Christina Brunner  
Week Ending: 7/22/2023  
Agency Name: Unit Med

Dept/Unit	Day	Date	Time In	Time Out	Break	Time In	Time Out	Hours	Comments
Regular Hours	Sun		AM PM	AM PM		AM PM	AM PM		
	Mon	7/17	0600 AM PM	1543 AM PM		AM PM	AM PM	9.25	
	Tues	7/18	0600 AM PM	1551 AM PM		AM PM	AM PM	9.25	
	Wed		AM PM	AM PM		AM PM	AM PM		
	Thurs	7/20	0603 AM PM	1504 AM PM		AM PM	AM PM	8.50	
	Fri	7/21	0605 AM PM	1649 AM PM		AM PM	AM PM	10.25	
	Sat		AM PM	AM PM		AM PM	AM PM		

Dept/Unit	Day	Date	On Call Time In	On Call Time Out	OC Total	Call Back Time In	Call Back Time Out	CB Total	Call Back Reason
Call Hours	Sun	7/16	0700 AM PM	0600 AM PM	23	AM PM	AM PM		
	Mon	7/17	1600 AM PM	0600 AM PM	14	AM PM	AM PM		
	Tues	7/18	1600 AM PM	0600 AM PM	15	AM PM	AM PM		
	Wed		AM PM	AM PM		AM PM	AM PM		
	Thurs		AM PM	AM PM		AM PM	AM PM		
	Fri		AM PM	AM PM		AM PM	AM PM		
	Sat	7/22	1200 AM PM	0700 AM PM	7	AM PM	AM PM		

Employee Signature:

Christina Brunner

Date:

7/22/23

Manager Signature:

Sharcia Kirkpatrick RCD

Date:

7-26-2023

**ATTENTION VENDORS:** All timecards are due to Medefis by midnight each Tuesday. Timecards must be e-mailed to [timecards@medefis.com](mailto:timecards@medefis.com) or faxed to 888-401-6060. Mercy Hospital, IC pays for services rendered by your Staff and not your invoice. In the event that your Staff was directed by Mercy Hospital, IC to work fewer hours than guaranteed (if any guarantee), your Staff must identify that fact in the comments of this timecard and have the manager acknowledge the same in writing. Failure to do so will result in a forfeiture of those hours. Timecards that are not compliant (eg: missing Staff and/or manager's signatures; incomplete in/out times; incomplete or incorrectly totaled hours; illegible building names and/or missing dates) will be REJECTED. It is the Agency's responsibility to correct and resubmit its Staff's timecard for processing. It is also the Agency's responsibility to track their Staff's hours worked, which are reported each week in the Medefis system. In the event that there is a discrepancy in the weekly hours recorded by Medefis, the Agency MUST IMMEDIATELY NOTIFY MEDEFIS IN WRITING to avoid delay or refusal by Mercy Hospital, IC to pay for services rendered. Furthermore, Medefis is NOT responsible for timecards that have not been received/processed or for hours worked that have not been reported through the Medefis system. Time recording / Breaks / Overtime: Hours worked shall be rounded to the nearest quarter of an hour by the 7th minute. (For example, 6:07 is recorded as 6:00 and 6:08 is recorded as 6:15. If a break is recorded as 24 minutes, it is rounded to .5 hours.) Unless otherwise agreed to in writing, your Staff is expected to be present in the Mercy Hospital, IC location for an 8.5 hour day, less a 30 minute unpaid meal break, or any other breaks as required by law. The Mercy Hospital, IC Program Manager must approve any overtime by initialing the overtime hours listed on this timecard. Please contact Medefis at 888-711-0333.



# TIMESHEET - DUE SUNDAY BY NOON CST

Email: [timecards@unitimed.com](mailto:timecards@unitimed.com) & cc: your Recruiter

## INSTRUCTIONS/GUIDELINES:

1. Please list ALL in/out times and lunch minutes, not just total hours worked.
2. Please note exceptions in comments.
3. Time is calculated by in/out times. Round to nearest 15 min.
4. Undocumented lunch breaks will be deducted @ 1/2 hour per day unless noted (no lunch).
5. Timesheets **NEED** to be signed by employee AND an authorized manager at the facility in order to be paid.
6. Explain any time missed.

uniti  
med partners

EMPLOYEE NAME: TERRY GARDNER  
FACILITY NAME: MERCY Iowa City Hospital  
RECRUITER NAME: SARAH Richardson  
WEEK OF: 07/16/23 - 07/22/23

## REGULAR HOURS \*Please complete ALL in/out times and TOTAL.

DAY	DATE (MM/DD/YY)	TIME - IN	Lunch-OUT	Lunch - IN	NO Lunch	TIME - OUT	TOTAL HOURS	Reason for Short Hours: CHECK ONE	Comments:
SUN	07/16/23	07:00			Check if NO Lunch <input checked="" type="checkbox"/>	19:00	12:00	<input type="checkbox"/> Canceled <input type="checkbox"/> Sick <input type="checkbox"/> Volunteered to Leave <input type="checkbox"/> Personal	
MON	07/17/23	09:00	14:30	15:00	Check if NO Lunch <input type="checkbox"/>	21:55	12:50	<input type="checkbox"/> Canceled <input type="checkbox"/> Sick <input type="checkbox"/> Volunteered to Leave <input type="checkbox"/> Personal	
TUE					Check if NO Lunch <input type="checkbox"/>			<input type="checkbox"/> Canceled <input type="checkbox"/> Sick <input type="checkbox"/> Volunteered to Leave <input type="checkbox"/> Personal	
WED					Check if NO Lunch <input type="checkbox"/>			<input type="checkbox"/> Canceled <input type="checkbox"/> Sick <input type="checkbox"/> Volunteered to Leave <input type="checkbox"/> Personal	
THUR					Check if NO Lunch <input type="checkbox"/>			<input type="checkbox"/> Canceled <input type="checkbox"/> Sick <input type="checkbox"/> Volunteered to Leave <input type="checkbox"/> Personal	
FRI					Check if NO Lunch <input type="checkbox"/>			<input type="checkbox"/> Canceled <input type="checkbox"/> Sick <input type="checkbox"/> Volunteered to Leave <input type="checkbox"/> Personal	
SAT	07/22/23	07:00			Check if NO Lunch <input checked="" type="checkbox"/>	19:00	12:00	<input type="checkbox"/> Canceled <input type="checkbox"/> Sick <input type="checkbox"/> Volunteered to Leave <input type="checkbox"/> Personal	

EXPLAIN IF GUARANTEED HOURS ARE NOT MET:

TOTAL HOURS FOR WEEK: 36.50

## CALL HOURS: On-Call

DAY	DATE (MM/DD/YY)	TIME - IN	TIME - OUT	ON-CALL HOURS
SUN				
MON				
TUE				
WED				
THUR				
FRI				
SAT				

TOTAL ON-CALL HOURS:

## Call-Back (Can ONLY be called back if on-call) \*Otherwise extra shift.

DAY	DATE (MM/DD/YY)	TIME - IN	TIME - OUT	CALL-BACK HOURS	Call-Back Reason:
SUN					
MON					
TUE					
WED					
THUR					
FRI					
SAT					

TOTAL CALL-BACK HOURS:

## MILEAGE:

DAY	DATE (MM/DD/YY)	MILEAGE
SUN		
MON		
TUE		
WED		
THUR		
FRI		
SAT		

TOTAL MILEAGE:

Employee Signature: Terry Gardner

Date: 07/22/23

Authorized Facility Signature: Bela Gy

Date: 7/24/23

By submitting this timesheet, I certify that the hours above are correct and approved for billing and will pay according to the



**MERCY**  
IOWA CITY

\*\*\*ATTENTION TRAVELERS\*\*\*

Timecards without employee & supervisor signatures will not be accepted. - All timecards must be faxed to agencies by Monday, 4:00pm CST.

Employee Name: Christina Brenner  
Week Ending: 7/15/2023  
Agency Name: Unit 10

Regular Hours	Dept/Unit	Day	Date	Time In	Time Out	Break	Time In	Time Out	Hours	Comments
	0550	Mon	7/10	AM PM	AM PM		AM PM	AM PM		
	0550	Tues	7/11	AM PM	AM PM		AM PM	AM PM		Son Handed Surgery DAY OFF
	0550	Wed	7/12	0601 AM	1626 AM	30	AM PM	AM PM	10	
	0550	Thurs	7/13	0601 AM	1630 AM	30	AM PM	AM PM	10	
	0550	Fri	7/14	0601 AM	1630 AM	30	AM PM	AM PM	10	
	0550	Sat		AM PM	AM PM		AM PM	AM PM		

Call Hours	Dept/Unit	Day	Date	On Call Time In	On Call Time Out	OC Total	Call Back Time In	Call Back Time Out	CB Total	Call Back Reason
		Sun		AM PM	AM PM		AM PM	AM PM		
		Mon		AM PM	AM PM		AM PM	AM PM		
		Tues		AM PM	AM PM		AM PM	AM PM		
		Wed		AM PM	AM PM		AM PM	AM PM		
		Thurs	7/13	1630 AM	0600 AM	13.5	1631 AM	1724 AM	1hr	INPT ADD ON
		Fri		AM PM	AM PM		AM PM	AM PM		
		Sat	7/15	0700 AM	0700 AM	24	0700 AM	0917 AM	2-17	INPT CASE

Employee Signature: C Brenner Date: 7/14/2023

Manager Signature: Marcia Kirkpatrick Date: 7-14-2023

**ATTENTION VENDORS:** All timecards are due to Medefis by midnight each Tuesday. Timecards must be e-mailed to [timecards@medefis.com](mailto:timecards@medefis.com) or faxed to 888-401-6060. Mercy Hospital, IC pays for services rendered by your Staff based upon the actual hours worked by your Staff and not your invoice. In the event that your Staff was directed by Mercy Hospital, IC to work fewer hours than guaranteed (if any guarantee), your Staff must identify that fact in the comments of this timecard and have the manager acknowledge the same in writing. Failure to do so will result in a forfeiture of those hours. Timecards that are not compliant (eg: missing Staff and/or manager's signatures; incomplete in/out times; incomplete or incorrectly totaled hours; illegible building names and/or missing dates) will be **REJECTED**. It is the Agency's responsibility to correct and resubmit its Staff's timecard for processing. It is also the Agency's responsibility to track their Staff's hours worked, which are reported each week in the Medefis system. In the event that there is a discrepancy in the weekly hours recorded by Medefis, the Agency **MUST IMMEDIATELY NOTIFY MEDEFIS IN WRITING** to avoid delay or refusal by Mercy Hospital, IC to pay for services rendered. Furthermore, Medefis is NOT responsible for timecards that have not been received/processed or for hours worked that have not been reported through the Medefis system. **Time recording / Breaks / Overtime:** Hours worked shall be rounded to the nearest quarter of an hour by the 7th minute. (For example, 6:07 is recorded as 6:00 and 6:08 is recorded as 6:15. If a break is recorded as 24 minutes, it is rounded to .5 hours.) Unless otherwise agreed to in writing, your Staff is expected to be present in the Mercy Hospital, IC location for an 8.5 hour day, less a 30 minute unpaid meal break, or any other breaks as required by law. The Mercy Hospital, IC Program Manager must approve any overtime by initialing the overtime hours listed on this timecard. If you have any questions on this process, please contact Medefis at 866-711-6333.



# TIMESHEET - DUE SUNDAY BY NOON CST

Email: [timecards@unitimed.com](mailto:timecards@unitimed.com) & cc: your Recruiter

EMPLOYEE NAME: TERRY GARDNER  
 FACILITY NAME: MERCY IOWA CITY HOSPITAL  
 RECRUITER NAME: MIKAELA CORK - SARAH RICHARDSON  
 WEEK OF: 07/09/23 - 07/15/23

## INSTRUCTIONS/GUIDELINES:

1. Please list ALL in/out times and lunch minutes, not just total hours worked.
2. Please note exceptions in comments.
3. Time is calculated by in/out times. Round to nearest 15 min.
4. Undocumented lunch breaks will be deducted @ 1/2 hour per day unless noted (no lunch).
5. Timesheets NEED to be signed by employee AND an authorized manager at the facility in order to be paid.
6. Explain any time missed.

uniti  
medpartners

## REGULAR HOURS \*Please complete ALL in/out times and TOTAL.

DAY	DATE (MM/DD/YY)	TIME - IN	Lunch-OUT	Lunch - IN	NO Lunch	TIME - OUT	TOTAL HOURS	Reason for Short Hours: CHECK ONE	Comments:
SUN	07/09/23	07:00			<input checked="" type="checkbox"/>	19:00	12:00	<input type="checkbox"/> Cancelled <input type="checkbox"/> Volunteered to Leave <input type="checkbox"/> Sick <input type="checkbox"/> Personal	
MON	07/10/23	09:00	14:30	15:00	<input type="checkbox"/>	21:30	12:00	<input type="checkbox"/> Cancelled <input type="checkbox"/> Volunteered to Leave <input type="checkbox"/> Sick <input type="checkbox"/> Personal	
TUE					<input type="checkbox"/>			<input type="checkbox"/> Cancelled <input type="checkbox"/> Volunteered to Leave <input type="checkbox"/> Sick <input type="checkbox"/> Personal	
WED					<input type="checkbox"/>			<input type="checkbox"/> Cancelled <input type="checkbox"/> Volunteered to Leave <input type="checkbox"/> Sick <input type="checkbox"/> Personal	
THUR					<input type="checkbox"/>			<input type="checkbox"/> Cancelled <input type="checkbox"/> Volunteered to Leave <input type="checkbox"/> Sick <input type="checkbox"/> Personal	
FRI					<input type="checkbox"/>			<input type="checkbox"/> Cancelled <input type="checkbox"/> Volunteered to Leave <input type="checkbox"/> Sick <input type="checkbox"/> Personal	
SAT	07/15/23	07:00			<input checked="" type="checkbox"/>	19:00	12:00	<input type="checkbox"/> Cancelled <input type="checkbox"/> Volunteered to Leave <input type="checkbox"/> Sick <input type="checkbox"/> Personal	

EXPLAIN IF GUARANTEED HOURS ARE NOT MET:

TOTAL HOURS FOR WEEK: 36.00

## CALL HOURS: On-Call

DAY	DATE (MM/DD/YY)	TIME - IN	TIME - OUT	ON-CALL HOURS
SUN				
MON				
TUE				
WED				
THUR				
FRI				
SAT				

TOTAL ON-CALL HOURS:           

## Call-Back (Can ONLY be called back if on-call) \*Otherwise enter shift.

TIME - IN	TIME - OUT	CALL-BACK HOURS	Call-Back Reason:

TOTAL CALL-BACK HOURS:           

## MILEAGE:

DAY	DATE (MM/DD/YY)	MILEAGE
SUN		
MON		
TUE		
WED		
THUR		
FRI		
SAT		

TOTAL MILEAGE:           

Employee Signature: Terry Gardner

Date: 07/15/23

Authorized Facility Signature: Jane Roth

Date: 7-17-23

By my signature above, I hereby certify the hours above are correct and worked by me and I have no accidents or injuries to report. Misrepresentation may make me liable to the maximum penalty allowed by law.

By my signature above, I hereby certify the hours above are correct and approved for billing and will pay according to the hours listed above. Any discrepancies are noted above. Failure to comply may make the client facility liable to the maximum penalty allowed by law.



**MERCY**  
IOWA CITY

\*\*\*ATTENTION TRAVELERS\*\*\*

Timecards without employee & supervisor signatures will not be accepted. - All timecards must be faxed to agencies by Monday, 4:00pm CST.

Employee Name: Christina Bruner  
Week Ending: 07/07/2023  
Agency Name: United

July

Regular Hours	Dept/Unit	Day	Date	Time In		Time Out		Break	Time In		Time Out		Hours	Comments
				AM	PM	AM	PM		AM	PM	AM	PM		
		Sun												
		Mon	3	off										
		Tues	4	off										
		Wed	5	0635	AM	1622	AM						9.25	
		Thurs	6	0601	AM	1456	AM						8.5	
		Fri	7	0600	AM	1600	AM						10.0	
		Sat												

Call Hours	Dept/Unit	Day	Date	On Call Time In		On Call Time Out		OC Total	Call Back Time In		Call Back Time Out		CB Total	Call Back Reason
				AM	PM	AM	PM		AM	PM	AM	PM		
		Sun												
		Mon												
		Tues												
		Wed												
		Thurs	7/6	1130	AM	0700	AM	13.5						
		Fri												
		Sat												

Employee Signature: Christina Bruner Date: 7/07/2023  
Manager Signature: Thomas J. Williams Date: 7/7/23

**ATTENTION VENDORS:** All timecards are due to Medefis by midnight each Tuesday. Timecards must be e-mailed to [timecards@medefis.com](mailto:timecards@medefis.com) or faxed to 888-401-6060. Mercy Hospital, IC pays for services rendered by your Staff based upon the actual hours worked by your Staff and not your invoice. In the event that your Staff was directed by Mercy Hospital, IC to work fewer hours than guaranteed (if any guarantee), your Staff must identify that fact in the comments of this timecard and have the manager acknowledge the same in writing. Failure to do so will result in a forfeiture of those hours. Timecards that are not compliant (eg: missing Staff and/or manager's signatures; incomplete in/out times; incomplete or incorrectly totaled hours; illegible building names and/or missing dates) will be **REJECTED**. It is the Agency's responsibility to correct and resubmit its Staff's timecard for processing. It is also the Agency's responsibility to track their Staff's hours worked, which are reported each week in the Medefis system. In the event that there is a discrepancy in the weekly hours recorded by Medefis, the Agency **MUST IMMEDIATELY NOTIFY MEDEFIS IN WRITING** to avoid delay or refusal by Mercy Hospital, IC to pay for services rendered. Furthermore, Medefis is NOT responsible for timecards that have not been received/processed or for hours worked that have not been reported through the Medefis system. Time recording / Breaks  
**Overtime:** Hours worked shall be rounded to the nearest quarter of an hour by the 7th minute. (For example, 6:07 is recorded as 6:00 and 6:08 is recorded as 6:15. If a break is recorded as 24 minutes, it is rounded to .5 hours.) Unless otherwise agreed to in writing, your Staff is expected to be present in the Mercy Hospital, IC location for an 8.5 hour day, less a 30 minute unpaid meal break, or any other breaks as required by law. The Mercy Hospital, IC Program Manager must approve any overtime by initialing the overtime hours listed on this timecard. If you have any questions on this process, please contact Medefis at 866-711-6333.



## TIMESHEET - DUE SUNDAY BY NOON CST

Email: timesheet@unitimed.com & cc: your Recruiter

EMPLOYEE NAME: Tony Gabele

FACILITY NAME: Neary Iowa City Hospital

RECRUITER NAME: Melinda Cook

WEEK OF: 07/02/23 - 07/08/23

### INSTRUCTIONS/REMARKS:

1. Please list ALL In/out times and lunch minutes, not just total hours worked.
2. Please note any absences in comments.
3. Time is calculated by In/out times. Round to nearest 15 min.
4. Uncompensated lunch breaks will be deducted @ .5 hour per day unless noted (no lunch).
5. Timesheets NEED to be signed by employee AND an authorized manager at the facility in order to be paid.
6. Upload via time portal.

### REGULAR HOURS \*Please complete ALL in/out times and TOTAL

DAY	DATE (mm/dd/yyyy)	TIME - IN	TIME - OUT	LUNCH - IN	LUNCH - OUT	NO LUNCH	TIME - OUT	TOTAL HOURS	Reason for Short Hours:	Comments
SUN	07/02/23	07:00				<input checked="" type="checkbox"/>	14:00	12:00	Uncompensated in leave	
MON	07/03/23	07:00	14:30	12:00		<input checked="" type="checkbox"/>	21:30	12:00	Uncompensated in leave	
TUE						<input type="checkbox"/>			Uncompensated in leave	
WED						<input type="checkbox"/>			Uncompensated in leave	
THUR						<input type="checkbox"/>			Uncompensated in leave	
FRI						<input type="checkbox"/>			Uncompensated in leave	
SAT	07/07/23	07:00				<input checked="" type="checkbox"/>	14:00	12:00	Uncompensated in leave	

EXPLAIN IF QUANTIFIED HOURS ARE NOT MET: \_\_\_\_\_

TOTAL HOURS FOR WEEK: 36:00

### CALL HOURS: On-Call

DAY	DATE (mm/dd/yyyy)	TIME - IN	TIME - OUT	ON-CALL HOURS
SUN				
MON				
TUE				
WED				
THUR				
FRI				
SAT				

TOTAL ON-CALL HOURS: \_\_\_\_\_

### Call-Back (to be used only if needed - to be used in comments)

DAY	DATE (mm/dd/yyyy)	TIME - IN	TIME - OUT	CALL-BACK HOURS	Call-Back Reason
SUN					
MON					
TUE					
WED					
THUR					
FRI					
SAT					

TOTAL CALL-BACK HOURS: \_\_\_\_\_

### MILEAGE:

DAY	DATE (mm/dd/yyyy)	MILEAGE
SUN		
MON		
TUE		
WED		
THUR		
FRI		
SAT		

TOTAL MILEAGE: \_\_\_\_\_

Employee Signatures: Tony Gabele Date: 07/07/23

Authorized Facility Signature: Brenda Ray Date: 7-10-23

By the signature above, I certify that the hours above are correct and represent the actual hours worked. Any discrepancy will be noted above. I agree to return this timesheet to the recruiter by the deadline.

Expire - Timesheet Page 11 of 11

Case 53-00053 Doc 1818-1 Filed 04/15/22 Entered 04/15/22 14:15:04 Desc



MERCY  
IOWA CITY

\*\*\*ATTENTION TRAVELERS\*\*\*

Timecards without employee & supervisor signatures will not be accepted. - All timecards must be faxed to agencies by Monday, 4:00pm CST.

Employee Name: Christine Brenner  
Week Ending: 06/30/2023  
Agency Name: United

June 2023

Dept/Unit	Day	Date	Time In	Time Out	Break	Time In	Time Out	Hours	Comments
Regular Hours	Sun		AM PM	AM PM		AM PM	AM PM		
	Mon	26	0600	0600	Noted	AM PM	AM PM		
	Tues	27	0600	0600		AM PM	AM PM		
	Wed	28	0600	0600		AM PM	AM PM		
	Thurs	29	0600	0600		AM PM	AM PM		
	Fri	30	0600	0600		AM PM	AM PM		
	Sat		AM PM	AM PM		AM PM	AM PM		

Dept/Unit	Day	Date	On Call Time In	On Call Time Out	OC Total	Call Back Time In	Call Back Time Out	CB Total	Call Back Reason
Call Hours	Sun		AM PM	AM PM		AM PM	AM PM		
	Mon		AM PM	AM PM		AM PM	AM PM		
	Tues		AM PM	AM PM		AM PM	AM PM		
	Wed		AM PM	AM PM		AM PM	AM PM		
	Thurs	29	1630	0600	14:30	1630	1820	1:50	
	Fri	30	1630	0600	14:30	1630	2100	4:30	
	Sat		AM PM	AM PM		AM PM	AM PM		

Employee Signature: CBrenner

Date: 6-30-2023

Manager Signature: Marcia Kirkpatrick CDC

Date: 6-30-2023

**ATTENTION VENDORS:** All timecards are due to Medefis by midnight each Tuesday. Timecards must be e-mailed to [timecards@medefis.com](mailto:timecards@medefis.com) or faxed to 888-401-6060. Mercy Hospital, IC pays for services rendered by your Staff based upon the actual hours worked by your Staff and not your invoice. In the event that your Staff was directed by Mercy Hospital, IC to work fewer hours than guaranteed (if any guarantee), your Staff must identify that fact in the comments of this timecard and have the manager acknowledge the same in writing. Failure to do so will result in a forfeiture of those hours. Timecards that are not compliant (eg: missing Staff and/or manager's signatures; incomplete in/out times; incomplete or incorrectly totaled hours; illegible building names and/or missing dates) will be **REJECTED**. It is the Agency's responsibility to correct and resubmit its Staff's timecard for processing. It is also the Agency's responsibility to track their Staff's hours worked, which are reported each week in the Medefis system. In the event that there is a discrepancy in the weekly hours recorded by Medefis, the Agency **MUST IMMEDIATELY NOTIFY MEDEFIS IN WRITING** to avoid delay or refusal by Mercy Hospital, IC to pay for services rendered. Furthermore, Medefis is NOT responsible for timecards that have not been received/processed or for hours worked that have not been reported through the Medefis system. **Time recording / Breaks**

**Overtime:** Hours worked shall be rounded to the nearest quarter of an hour by the 7th minute. (For example, 6:07 is recorded as 6:00 and 6:08 is recorded as 6:15. If a break is recorded as 24 minutes, it is rounded to .5 hours.) Unless otherwise agreed to in writing, your Staff is expected to be present in the Mercy Hospital, IC location for an 8.5 hour day, less a 30 minute unpaid meal break, or any other breaks as required by law. The Mercy Hospital, IC Program Manager must approve any overtime by initialing the overtime hours listed on this timecard. If you have any questions on this process, please contact Medefis at 866-711-6333.



# TIMESHEET - DUE SUNDAY BY NOON CST

Email: timesheets@unitimed.com & cc: your Recruiter

EMPLOYEE NAME: TERRY GARDNER  
 FACILITY NAME: MERCY IOWA City Hospital  
 RECRUITER NAME: Mikaela Cook  
 WEEK OF: 06/25/23 - 07/01/23

## INSTRUCTIONS/GUIDELINES:

1. Please list ALL in/out times and lunch minutes, not just total hours worked.
2. Please note exceptions in comments.
3. Time is calculated by in/out times. Round to nearest 15 min.
4. Undocumented lunch breaks will be deducted @ 15 min per day unless noted (no lunch).
5. Timesheets NEED to be signed by employee AND an authorized manager at the facility in order to be paid.
6. Explain any time missed.

uniti  
medpartners

## REGULAR HOURS \*Please complete ALL in/out times and TOTAL

DAY	DATE (mm/dd/yyyy)	TIME - IN	LUNCH-OUT	LUNCH - IN	NO LUNCH	TIME - OUT	TOTAL HOURS	Reason for Short Hours: CHECK ONE	Comments:
SUN	06/25/23	06:59			Check if NO Lunch <input checked="" type="checkbox"/>	19:00	12:00	Cancelled <input type="checkbox"/> Sick <input type="checkbox"/> Unscheduled no pay <input type="checkbox"/> Personal <input type="checkbox"/>	
MON	06/26/23	09:00	14:30	15:00	Check if NO Lunch <input type="checkbox"/>	21:51	17:25	Cancelled <input type="checkbox"/> Sick <input type="checkbox"/> Unscheduled no pay <input type="checkbox"/> Personal <input type="checkbox"/>	
TUE					Check if NO Lunch <input type="checkbox"/>			Cancelled <input type="checkbox"/> Sick <input type="checkbox"/> Unscheduled no pay <input type="checkbox"/> Personal <input type="checkbox"/>	
WED					Check if NO Lunch <input type="checkbox"/>			Cancelled <input type="checkbox"/> Sick <input type="checkbox"/> Unscheduled no pay <input type="checkbox"/> Personal <input type="checkbox"/>	
THUR					Check if NO Lunch <input type="checkbox"/>			Cancelled <input type="checkbox"/> Sick <input type="checkbox"/> Unscheduled no pay <input type="checkbox"/> Personal <input type="checkbox"/>	
FRI					Check if NO Lunch <input type="checkbox"/>			Cancelled <input type="checkbox"/> Sick <input type="checkbox"/> Unscheduled no pay <input type="checkbox"/> Personal <input type="checkbox"/>	
SAT	07/01/23	07:00			Check if NO Lunch <input checked="" type="checkbox"/>	19:05	12:00	Cancelled <input type="checkbox"/> Sick <input type="checkbox"/> Unscheduled no pay <input type="checkbox"/> Personal <input type="checkbox"/>	

EXPLAIN IF GUARANTEED HOURS ARE NOT MET:

TOTAL HOURS FOR WEEK: 36.25

## CALL HOURS: On-Call

DAY	DATE (mm/dd/yyyy)	TIME - IN	TIME - OUT	ON-CALL HOURS
SUN				
MON				
TUE				
WED				
THUR				
FRI				
SAT				

TOTAL ON-CALL HOURS:

## Call-Back (Can ONLY be used for 2 events) \*Other use only

TIME - IN	TIME - OUT	CALL-BACK HOURS	Call-Back Reason:

TOTAL CALL-BACK HOURS:

## MILEAGE:

DAY	DATE (mm/dd/yyyy)	MILEAGE
SUN		
MON		
TUE		
WED		
THUR		
FRI		
SAT		

TOTAL MILEAGE:

Employee Signature:

Terry Gardner

Date:

07/01/23

Authorized Facility Signature:

Brenda Elms

Date:

7/1/23



\*\*\*ATTENTION TRAVELERS\*\*\*

Timecards without employee & supervisor signatures will not be accepted. - All timecards must be faxed to agencies by Monday, 4:00pm CST.

Employee Name: Christina Brenner  
Week Ending: 6-24-2023  
Agency Name: \_\_\_\_\_

Regular Hours	Dept/Unit	Day	Date	Time In	Time Out	Break	Time In	Time Out	Hours	Comments
				AM PM	AM PM		AM PM	AM PM		
	Sun	6/18							7.75	
	Mon	6/19	0612	AM	1427	30	AM	AM	8.25	
	Tues	6/20	0703	AM	1546	30	AM	AM		
	Wed	6/21		AM	AM		AM	AM		
	Thurs	6/22	0706	AM	1526	30	AM	AM	8.00	Low Census - Reduced
	Fri	6/23		AM	AM		AM	AM		
	Sat	6/24		AM	AM		AM	AM		
24.0										Low Census - Reduced

Call Hours	Dept/Unit	Day	Date	On Call Time In	On Call Time Out	OC Total	Call Back Time In	Call Back Time Out	CB Total	Call Back Reason
				AM PM	AM PM		AM PM	AM PM		
	Sun									
	Mon									
	Tues									
	Wed									
	Thurs	6/22	1530	AM	0700	15.5				
	Fri	6/23	1530	AM	0700	15.5				
	Sat									
31										

Employee Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Manager Signature: marcia Kerkpatrick CDC

Date: 6-24-2023

**ATTENTION VENDORS:** All timecards are due to Medefis by midnight each Tuesday. Timecards must be e-mailed to [timecards@medefis.com](mailto:timecards@medefis.com) or faxed to 888-401-6060. Mercy Hospital, IC pays for services rendered by your Staff based upon the actual hours worked by your Staff and not your invoice. In the event that your Staff was directed by Mercy Hospital, IC to work fewer hours than guaranteed (if any guarantee), your Staff must identify that fact in the comments of this timecard and have the manager acknowledge the same in writing. Failure to do so will result in a forfeiture of those hours. Timecards that are not compliant (eg: missing Staff and/or manager's signatures; incomplete in/out times; incomplete or incorrectly totaled hours; illegible building names and/or missing dates) will be **REJECTED**. It is the Agency's responsibility to correct and resubmit its Staff's timecard for processing. It is also the Agency's responsibility to track their Staff's hours worked, which are reported each week in the Medefis system. In the event that there is a discrepancy in the weekly hours recorded by Medefis, the Agency **MUST IMMEDIATELY NOTIFY MEDEFIS IN WRITING** to avoid delay or refusal by Mercy Hospital, IC to pay for services rendered. Furthermore, Medefis is NOT responsible for timecards that have not been received/processed or for hours worked that have not been reported through the Medefis system. **Time recording / Breaks / Overtime:** Hours worked shall be rounded to the nearest quarter of an hour by the 7th minute. (For example, 6:07 is recorded as 6:00 and 6:08 is recorded as 6:15. If a break is recorded as 24 minutes, it is rounded to .5 hours.) Unless otherwise agreed to in writing, your Staff is expected to be present in the Mercy Hospital, IC location for an 8.5 hour day, less a 30 minute unpaid meal break, or any other breaks as required by law. The Mercy Hospital, IC Program Manager must approve any overtime by initialing the overtime hours listed on this timecard. If you have any questions on this process, please contact Medefis at 866-711-6333.

EXHIBIT A - Timecards Page 14 of 14  
C926 53-00053 Doc 1818-J E1169 04/15/152 E116169 04/15/152 J4:15:04 D62c



# **TIMESHEET - DUE SUNDAY BY NOON CST**

Email: [timecard@unitimed.com](mailto:timecard@unitimed.com) & cc your Recruiter

EMPLOYEE NAME: TERRY GARDNER  
 FACILITY NAME: MERCY IOWA CITY HOSPITAL  
 RECRUITER NAME: Mikaela Cook  
 WEEK OF: 06/18/23 - 06/24/23

## **INSTRUCTIONS/SUBMITTER**

1. Please list ALL in/out times and lunch minutes, not just total hours worked.
2. Please note exceptions in comments.
3. Time is calculated by in/out times, rounded to nearest 15 min.
4. Unaccounted lunch breaks will be deducted @ 1 hour per day unless noted (no lunch).
5. Timesheet **MUST** be signed by employee **AND** an authorized manager at the facility in order to be paid.
6. Explain any time missing.

uniti  
medpartners

## **REGULAR HOURS** \*Please complete ALL in/out times and TOTAL

DAY	DATE (mm/dd/yyyy)	TIME - IN	Lunch-OUT	Lunch - IN	NO Lunch	TIME - OUT	TOTAL HOURS	Reason for Short Hours: CHECK ONE	Comments:
SUN	06/18/23	07:00			<input checked="" type="checkbox"/> NO Lunch	19:00	12:00	<input type="checkbox"/> Cancelled <input type="checkbox"/> Scheduled to come <input type="checkbox"/> Scheduled to come <input type="checkbox"/> Scheduled to come	
MON	06/19/23	09:00	14:30	15:00	<input type="checkbox"/> NO Lunch	21:30	12:00	<input type="checkbox"/> Cancelled <input type="checkbox"/> Scheduled to come <input type="checkbox"/> Scheduled to come <input type="checkbox"/> Scheduled to come	
TUE					<input type="checkbox"/> NO Lunch			<input type="checkbox"/> Cancelled <input type="checkbox"/> Scheduled to come <input type="checkbox"/> Scheduled to come <input type="checkbox"/> Scheduled to come	
WED					<input type="checkbox"/> NO Lunch			<input type="checkbox"/> Cancelled <input type="checkbox"/> Scheduled to come <input type="checkbox"/> Scheduled to come <input type="checkbox"/> Scheduled to come	
THUR					<input type="checkbox"/> NO Lunch			<input type="checkbox"/> Cancelled <input type="checkbox"/> Scheduled to come <input type="checkbox"/> Scheduled to come <input type="checkbox"/> Scheduled to come	
FRI					<input type="checkbox"/> NO Lunch			<input type="checkbox"/> Cancelled <input type="checkbox"/> Scheduled to come <input type="checkbox"/> Scheduled to come <input type="checkbox"/> Scheduled to come	
SAT	06/24/23	07:00			<input checked="" type="checkbox"/> NO Lunch	19:00	12:00	<input type="checkbox"/> Cancelled <input type="checkbox"/> Scheduled to come <input type="checkbox"/> Scheduled to come <input type="checkbox"/> Scheduled to come	

EXPLAIN IF GUARANTEED HOURS ARE NOT MET:

TOTAL HOURS FOR WEEK:

36:00

## **CALL HOURS: On-Call**

DAY	DATE (mm/dd/yyyy)	TIME - IN	TIME - OUT	ON-CALL HOURS
SUN				
MON				
TUE				
WED				
THUR				
FRI				
SAT				

TOTAL ON-CALL HOURS:

## **Call-Back** (See UNITIMED back cover for "Call-Back" instructions)

DAY	DATE (mm/dd/yyyy)	TIME - IN	TIME - OUT	CALL-BACK HOURS	Call-Back Reason:
SUN					
MON					
TUE					
WED					
THUR					
FRI					
SAT					

TOTAL CALL-BACK HOURS:

## **MILEAGE:**

DAY	DATE (mm/dd/yyyy)	MILEAGE
SUN		
MON		
TUE		
WED		
THUR		
FRI		
SAT		

TOTAL MILEAGE:

Employee Signature:

Terry Gardner

Date: 06/18/23

Authorized Facility Signature:

Brenda Elms

Date: 06/18/23

Expire V - Timesheet Page 12 of 13

Case 53-00053 Doc 1818-1 Filed 04/15/22 Entered 04/15/22 14:15:04 Desc



**MERCY**  
IOWA CITY

\*\*\*ATTENTION TRAVELERS\*\*\*

Timecards without employee & supervisor signatures will not be accepted. - All timecards must be faxed to agencies by Monday, 4:00pm CST.

Employee Name: Christina Brenner  
Week Ending: 06/16/2023  
Agency Name: United

June 2023

Regular Hours	Dept/Unit	Day	Date	Time In		Break	Time Out		Hours	Comments
				AM	PM		AM	PM		
		Sun	11							
		Mon	12	0700	08 PM	15:54	AM PM	30	8:50	
		Tues	13	0702	08 PM	15:25	AM PM	24	8	
		Wed	14	0704	08 PM	15:27	AM PM	30	8	
		Thurs	15	0706	08 PM	15:34	AM PM	20	8	
		Fri	16	0705	08 PM	15:30	AM PM	30	8	
		Sat								

Call Hours	Dept/Unit	Day	Date	On Call Time In		On Call Time Out	OC Total	Call Back Time In		Call Back Time Out	CB Total	Call Back Reason
				AM	PM			AM	PM			
	END	Sun	11	0700	AM PM	0700	AM PM	2 hrs				
		Mon			AM PM							
		Tues			AM PM							
		Wed			AM PM							
		Thurs			AM PM							
	END	Fri	16	1530	AM PM	0700	AM PM	15:50	1530	AM PM	19:15	INPT PROC.
		Sat			AM PM							

Employee Signature: [Signature] Date: 6/16/2023

Manager Signature: marciakirkpatrick CDC Date: 6-16-2023

**ATTENTION VENDORS:** All timecards are due to Medefis by midnight each Tuesday. Timecards must be e-mailed to [timecards@medefis.com](mailto:timecards@medefis.com) or faxed to 888-401-6060. Mercy Hospital, IC pays for services rendered by your Staff based upon the actual hours worked by your Staff and not your invoice. In the event that your Staff was directed by Mercy Hospital, IC to work fewer hours than guaranteed (if any guarantee), your Staff must identify that fact in the comments of this timecard and have the manager acknowledge the same in writing. Failure to do so will result in a forfeiture of those hours. Timecards that are not compliant (eg: missing Staff and/or manager's signatures; incomplete in/out times; incomplete or incorrectly totaled hours; illegible building names and/or missing dates) will be **REJECTED**. It is the Agency's responsibility to correct and resubmit its Staff's timecard for processing. It is also the Agency's responsibility to track their Staff's hours worked, which are reported each week in the Medefis system. In the event that there is a discrepancy in the weekly hours recorded by Medefis, the Agency **MUST IMMEDIATELY NOTIFY MEDEFIS IN WRITING** to avoid delay or refusal by Mercy Hospital, IC to pay for services rendered. Furthermore, Medefis is NOT responsible for timecards that have not been received/processed or for hours worked that have not been reported through the Medefis system. **Time recording / Breaks**

**Overtime:** Hours worked shall be rounded to the nearest quarter of an hour by the 7th minute. (For example, 6:07 is recorded as 6:00 and 6:08 is recorded as 6:15. If a break is recorded as 24 minutes, it is rounded to .5 hours.) Unless otherwise agreed to in writing, your Staff is expected to be present in the Mercy Hospital, IC location for an 8.5 hour day, less a 30 minute unpaid meal break, or any other breaks as required by law. The Mercy Hospital, IC Program Manager must approve any overtime by initialing the overtime hours listed on this timecard. If you have any questions on this process, please contact Medefis at 866-711-6333.



# TIMESHEET - DUE SUNDAY BY NOON CST

Email: [timecards@unitimed.com](mailto:timecards@unitimed.com) & cc your Recruiter

EMPLOYEE NAME: TERRY GARDNER  
 FACILITY NAME: MERCY TOWN CITY Hospital  
 RECRUITER NAME: Miracle Cook  
 WEEK OF: 06/11/23 - 06/17/23

## INSTRUCTIONS/SUBREQUENTS:

1. Please list ALL in/out times and lunch minutes, not just total hours worked.
2. Please note exceptions in comments.
3. Time is calculated by in/out times. Round to nearest 15 min.
4. Undocumented lunch breaks will be deducted @ 1 hour per day unless noted (no lunch).
5. Time sheets NEED to be signed by employee AND an authorized manager at the facility in order to be paid.
6. Explain any time missed.

uniti  
medpartners

## REGULAR HOURS \*Please complete ALL in/out times and TOTAL.

DAY	DATE (mm/dd/yyyy)	TIME - IN	Lunch-OUT	Lunch - IN	NO Lunch	TIME - OUT	TOTAL HOURS	Reason for Short Hours:	Comment:
SUN	06/11/23	07:00			Check if NO lunch <input checked="" type="checkbox"/>	19:00	12:00	Cancelled <input type="checkbox"/> Sick <input type="checkbox"/>	
MON	06/12/23	07:00	14:55	15:25	Check if NO lunch <input type="checkbox"/>	21:30	12:00	Cancelled <input type="checkbox"/> Sick <input type="checkbox"/>	
TUE					Check if NO lunch <input type="checkbox"/>			Cancelled <input type="checkbox"/> Sick <input type="checkbox"/>	
WED					Check if NO lunch <input type="checkbox"/>			Cancelled <input type="checkbox"/> Sick <input type="checkbox"/>	
THUR					Check if NO lunch <input type="checkbox"/>			Cancelled <input type="checkbox"/> Sick <input type="checkbox"/>	
FRI					Check if NO lunch <input type="checkbox"/>			Cancelled <input type="checkbox"/> Sick <input type="checkbox"/>	
SAT	06/17/23	07:00			Check if NO lunch <input checked="" type="checkbox"/>	19:00	12:00	Cancelled <input type="checkbox"/> Sick <input type="checkbox"/>	

EXPLAIN IF GUARANTEED HOURS ARE NOT MET:

TOTAL HOURS FOR WEEK:

36:00

## CALL HOURS: On-Call

DAY	DATE (mm/dd/yyyy)	TIME - IN	TIME - OUT	ON-CALL HOURS
SUN				
MON				
TUE				
WED				
THUR				
FRI				
SAT				

TOTAL ON-CALL HOURS:

## Call-Back (Use ONLY for call-back (no call) - otherwise use sick)

DAY	DATE (mm/dd/yyyy)	TIME - IN	TIME - OUT	CALL-BACK HOURS	Call-Back Reason:
SUN					
MON					
TUE					
WED					
THUR					
FRI					
SAT					

TOTAL CALL-BACK HOURS:

## MILEAGE:

DAY	DATE (mm/dd/yyyy)	MILEAGE
SUN		
MON		
TUE		
WED		
THUR		
FRI		
SAT		

TOTAL MILEAGE:

Employee Signature: Terry Gardner

Date: 06/18/23

Authorized Facility Signature: Burke Elkins

Date:

Expire A - Timecards Page 12 of 12

Case 53-00053 Doc 1818-1 Filed 04/15/22 Entered 04/15/22 14:15:04 Desc